



NEVADA DEPARTMENT OF AGRICULTURE
Organic Certification Program
PRODUCER APPLICATION



This application should be completed by the person applying for initial certification to produce, or produce and handle their own organic crops in Nevada. Producer/Handlers must also complete a Handler Application. Producers who wish to renew their certification should use the Renewal Form available from the office listed below. Applicants who wish to apply for certification of livestock products should use the Livestock Producer Application. For additional information, refer to the Nevada Organic Certification Program Handbook. For assistance in completing this application, call (775) 688-1182 extension 243.

RETURN THIS APPLICATION AND THE REQUIRED APPLICATION FEE TO.

**NDA / Organic Certification Program
350 Capitol Hill
Reno, Nevada 89502**

Applications received without application fee will be returned.

Incomplete or inaccurate applications and/or supporting documentation may result in return of application or denial of certification.

BUSINESS INFORMATION (Where appropriate, list all corporate officers and offices, partners, etc. Attach additional pages if necessary.)

Producer or Producers (list all) _____

Business / Farm Name _____

Mailing Address _____ City _____

State _____ Zip _____ Phone _____ Fax _____

E-mail _____

Farm Address (if different from above) _____

City _____ State _____ Zip _____ Phone _____ Fax _____

Contact Person / Manager at Farm or Facility _____ E-mail _____

TYPE OF APPLICATION Renewing applicants please use "Renewal Form" available from the NDA address above.

☐ **New Application**

☐ **Addition of Growing Area(s)***

* Fees for additions of growing areas or greenhouse production areas are determined on a case by case basis. Contact Nevada Department of Agriculture Organic Certification Program @ 688-1182 extension 243 for more information.

CERTIFICATION CATEGORY. Check applicable category. *Livestock producers use NDA Livestock Producer form:*

☐ **Producer (New) \$135.00**

☐ **Producer/Handler (New) \$135.00****

**** Producer / Handler must also complete Handler Applications**

APPLICATION FEES ARE NON-REFUNDABLE!

CERTIFICATION CLASSIFICATION You may certify in more than one classification and pay only one fee

- ☐ Organic fields ☐ Organic greenhouse*
☐ Organic/conventional fields ☐ Organic/conventional greenhouse

* Greenhouse refers to any structure that may be fully or partially enclosed used for the propagation, cultivation, or protection of crops.

SITE INFORMATION (in acres or square feet)

Total site area _____ How much area in production now? _____

Total area to be certified organic _____

SUPPORTING DOCUMENTATION

Maps (see following pages for descriptions of required maps):

You must attach a map that is accurate enough to locate the farm to be certified from the nearest town. Label roads, highway, intersection, buildings, etc. Include mileage from nearest town or other commonly recognizable landmark. Maps may be from any source and may be hand-drawn, printed or computer generated. If multiple sites are to be certified and they are non-contiguous, you must include a complete map for each site.

Soil and Water Reports

- ☐ Soil fertility report. **Required every three years for renewal****
☐ Water quality report (if requested by the Department)

**Refer to the Nevada Organic Certification Program Handbook for soil test requirements.

Independent Organic Certification

Does a certifying agent other than the Department currently certify you? ☐ Yes ☐ No

If yes, please complete the following information:

Certifying Agent: _____

Address of Agent: _____ Phone: _____

When did this agent perform the last on-farm inspection? _____

Under which categories are you certified? _____

Marketing of Product

Please describe how you plan to market your product(s).

- | | |
|-------------------------------------|---------------------------|
| _____ On farm | _____ To restaurants |
| _____ Farmer Markets | _____ To retail stores |
| _____ CSA | _____ Wholesale / brokers |
| _____ Other. Please describe. _____ | |

Optional: You may attach additional information about your operation including photographs, brochures, written information, etc. to be included in your file.

GENERAL MAP OF FARM OR SITE TO BE CERTIFIED

- ☐ New Application ☐ Addition of Growing Areas

Complete a general farm map indicating each field unit and/or greenhouse. Number each field unit and/or greenhouse. Show buildings, irrigation sources, roads, easements, fences or other necessary markings to define distinct boundaries. Show all buffer zones and their distances. You may use this form or attach your own map to this form. Include a separate map for non-contiguous sites.

Scale: One space = _____ Sq. Ft. or _____ Acres

Date: _____



Located in _____ County

PLEASE LIST A THREE YEAR HISTORY OF MATERIALS APPLIED TO EACH FIELD UNIT OR GREENHOUSE TO BE CERTIFIED: Copy this form if necessary.

☐ New Application

☐ Addition of Growing areas

Field Unit or Greenhouse Number: _____ (as indicated on general farm map on page 3)

List all materials (by category) applied during each of the three years prior to date of application for certification. Include materials applied to fencing, trellis supports, greenhouse structures, rights of way, non-crop areas, etc.

Material Category	1 st year history Date from: Date to:	2 nd year history Date from: Date to:	3 rd year history Date from: Date to:
Insecticides			
Fungicides			
Herbicides			
Growth Regulators			
Foliar Applied Fertilizers			
Soil Applied Fertilizers			
Soil Amendments			
Other			

COMPLETE A THREE-YEAR CROPPING HISTORY FOR EACH FIELD UNIT OR GREENHOUSE TO BE CERTIFIED. Copy this form if necessary. Producers utilizing raised bed production systems do not need to fill out a separate form for each bed provided all beds are treated essentially the same.

☐ **New Application**

☐ **Addition** of Growing areas

Field Unit or Greenhouse Number: _____ (as indicated on general farm map on page 3)

Check the answer(s) which generally describe the previous use of the farm or field to be certified.

- ☐ native vegetation/grasses & forages/forest
- ☐ improved pasture
- ☐ no previous history of agriculture use
- ☐ previous history of agriculture use with no applications of prohibited materials
- ☐ previous history of agriculture use with prohibited materials (listed in previous section.)
- ☐ lawn/turf
- ☐ vacant lot/unmanaged farm or field
- ☐ unknown use of land
- ☐ used greenhouse with no use of prohibited materials
- ☐ used greenhouse with use of prohibited materials (Listed in previous section.)
- ☐ new greenhouse

Describe in detail

Lists crops and/or cover crops grown in this field/greenhouse during the previous three years.

Year	CROPS
Last Year	
2 Years	
3 Years	

COMPLETE THIS INFORMATION FOR EACH FIELD UNIT. (For certification of greenhouse units, use greenhouse unit information forms beginning on page 8). Copy this form if necessary for multiple fields. Producers using raised bed production systems do not need to fill out a separate form for each bed provided all beds are treated essentially the same.

☐ New Application

☐ Addition of Growing areas

Field Unit Number: _____ (as indicated on general farm map on page 3)

Field Unit Production System:

☐ row crops (i.e., vegetables)

☐ broadcast/solid planted crops (i.e., wheat, alfalfa, vetch)

☐ perennial crops (i.e., fruit trees, berries)

☐ raised beds (i.e., herbs vegetables)

☐ garden plots (i.e., herbs, vegetables)

☐ other (describe) _____

Irrigation System (if applicable):

Total area irrigated: _____

Total area non-irrigated: _____

Type of irrigation source

☐ shallow well

☐ deep well

☐ river/canal

☐ pond

☐ community source

Type of irrigation systems

☐ sprinkler (low volume, energy efficient systems, i.e., LEPA, microsprinkler)

☐ sprinkler (conventional)

☐ drip irrigation

☐ furrow (surge units/controlled flow)

☐ furrow (open-ended)

☐ flood

☐ garden hose/sprinkler

☐ Other _____

Buffer Zone Information: Distance from area to be certified to land to or on which prohibited materials are or may be applied.

Buffer Zones	Buffer zone distances	Are crops grown in designated buffer zone area?	List any crops grown in designated buffer zone area.
Side One (North)	<input type="checkbox"/> 25 Ft. or less <input type="checkbox"/> 25 - 50 ft. or more <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Side Two (South)	<input type="checkbox"/> 25 Ft. or less <input type="checkbox"/> 25 - 50 ft. or more <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Side Three (East)	<input type="checkbox"/> 25 Ft. or less <input type="checkbox"/> 25 - 50 ft. or more <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Side Four (West)	<input type="checkbox"/> 25 Ft. or less <input type="checkbox"/> 25 - 50 ft. or more <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Side (Other)	<input type="checkbox"/> 25 Ft. or less <input type="checkbox"/> 25 - 50 ft. or more <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Side (Other)	<input type="checkbox"/> 25 Ft. or less <input type="checkbox"/> 25 - 50 ft. or more <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	

Is the area to be certified adjacent to rights-of-way, irrigation canal systems, etc. that are maintained by public agency(s) or irrigation districts and to which prohibited materials have been or may continue to be applied? ☐ Yes ☐ No

If "Yes", please list the agency(s) _____

FIELD UNIT MAP.

Complete a map for **each** field unit as shown on map on page 3, indicating the number of the field unit, subsections or beds, size in square feet (if less than one acre) or acres. Generally label types of crops grown in the field unit, subsection or beds (i.e. vegetables, herbs, peaches, cotton, wheat). Indicate the distinctive boundaries for the field unit and all buffer zones and their distances. You may use this form, or attach your own map to this form. If your production system consists of raised beds you may show all beds on this map (you do not need a separate map for each bed).

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☐ **New Application**

☐ **Addition** of Growing areas

Scale: One space = _____ Sq. Ft. or _____ Acres

GREENHOUSE PRODUCTION AREA INFORMATION

☐ **New Application**

☐ **Addition** of Growing areas

Greenhouse Number: _____ (as indicated on general farm map on page 3)

Is this greenhouse used to produce both organic and conventional products? ☐ Yes ☐ No

Greenhouse-production system:

☐ in-ground (soil) ☐ raised beds ☐ soil filled benches ☐ lined benches ☐ containers/pots

☐ plastic/paper bags ☐ suspended containers/pots ☐ plastic covered floor ☐ hydroponics
☐ other (describe) _____

Greenhouse production building type:

☐ individual greenhouse unit ☐ gutter-connected greenhouse units ☐ partitioned greenhouse units
☐ enclosed building ☐ enclosed individual room ☐ other (describe) _____

Greenhouse- production area size (in feet)

length _____ width _____ number of sections _____ total square feet _____

Check type of greenhouse production construction:

Covering

☐ glass ☐ plastic/fiberglass ☐ polyethylene ☐ wire screen ☐ shade cloth
☐ wood or plastic lathe ☐ wallboard/paneling/wood covering ☐ none
☐ other (describe) _____

Framing

☐ wood ☐ metal ☐ plastic ☐ other (describe) _____

Flooring

☐ soil ☐ gravel ☐ wood ☐ concrete ☐ other (describe) _____

Cooling system (i.e., water evaporative pads, air-cell, etc.)

☐ controls only unit to be certified ☐ controls multiple units ☐ other _____

Fans, heaters, air exchange systems

☐ controls only unit to be certified ☐ controls multiple units ☐ other _____

Irrigation watering systems

☐ supplies only unit to be certified ☐ supplies multiple units ☐ other _____

Do drainage, gutters, and /or water collection systems prevent contamination from run-off from other areas, buildings or additional greenhouses?

☐ Yes ☐ No

Are any prohibited materials applied within 50-feet of the greenhouse?

☐ Yes ☐ No

FARM PLAN: Pages 9-14 of the Farm Plan must be completed in full or application will be returned!

Please provide the required information below. **You must complete this form as accurately as possible, to the best of your knowledge, at the time of the application.** Growers of a variety of crops must list **all** crops planned for the annual certification period. It is **not** necessary to list varieties (i.e., “carrots” is adequate; it is not necessary to list “Scarlet Nantes, Thumbelina, Babette”, etc.). Growers of tree or vine fruits, nuts or other perennial crops **must** list variety (i.e., “apples” is not adequate; you **must** list “Gala, MacIntosh, Golden Delicious” etc. Producers of container crops list estimated number and size of containers to be produced (i.e., 200 vegetable transplants, or 150 four inch pots) Use more than one page if necessary.

Are records of the purchase of propagation materials (i.e., annual transplants, perennial transplants, seeds) and verification of organic certification or pesticide treatment of propagation materials maintained for the previous three-years prior to application for certification? ☐ Yes ☐ No

If any crops have been produced within the previous three-years are production records maintained? ☐ Yes ☐ No

If any crops have been produced within the previous three-years are sales records maintained? ☐ Yes ☐ No

COVER CROP AND CROP ROTATION PLAN

Organic production systems traditionally utilize cover crops (market or green manure) and rotations. Check the answer(s) which generally describe the cover crop and crop rotation system(s) you use.

- ☐ Rotating annual crop (one crop per year) / cover crop
- ☐ Rotating multiple, seasonal crops / cover crop
- ☐ Continued cropping / no cover crop
- ☐ Continued cropping / no rotation
- ☐ Perennial crop / cover crop
- ☐ Perennial crop / no cover crop
- ☐ Orchard/vineyard / cover crop
- ☐ Orchard/vineyard / no cover crop

Generally describe a three-year projected rotation plan to be implemented in your management program.

FERTILIZATION

Check all methods you plan to use this year in your annual farm plan:

- | | | |
|---|--|--|
| <input type="checkbox"/> compost | <input type="checkbox"/> manure | <input type="checkbox"/> green manure crops |
| <input type="checkbox"/> nitrogen-fixing (legume) crops | <input type="checkbox"/> cover and nurse crops | <input type="checkbox"/> allelopathic or mineral accumulating crops |
| <input type="checkbox"/> soil amendments (i.e., lime, sulfur, gypsum) | | <input type="checkbox"/> micronutrients |
| <input type="checkbox"/> growth regulators | | <input type="checkbox"/> materials listed as allowed with restrictions |

Are records of materials used for fertility on file? ☐ Yes ☐ No

Are records of materials used for fertility on file? ☐ Yes ☐ No

Sampling for fertilization decisions is based on the following schedule:

- | | | |
|--|--|--|
| <input type="checkbox"/> specific crop sampling | <input type="checkbox"/> seasonal field sampling | <input type="checkbox"/> annual field sampling |
| <input type="checkbox"/> periodic field sampling | <input type="checkbox"/> only every third year (as required) | |

Fertility decisions are based on sampling of:

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> soil | <input type="checkbox"/> crop tissue |
| <input type="checkbox"/> other _____ | |

Indicate if compost and manure are analyzed for nutrient content. ☐ Yes ☐ No

Please check all methods you plan to use in your annual farm pest management plan:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> resistant varieties | <input type="checkbox"/> crop rotation | <input type="checkbox"/> intercropping | <input type="checkbox"/> cultural controls |
| <input type="checkbox"/> plastic mulches/row covers | <input type="checkbox"/> mechanical controls | <input type="checkbox"/> physical barriers | <input type="checkbox"/> trap crops |
| <input type="checkbox"/> pheromones | <input type="checkbox"/> beneficial insects | <input type="checkbox"/> microbial and viral insecticides | |
| <input type="checkbox"/> soaps and/or oils | <input type="checkbox"/> diatomaceous earth or rock powders | <input type="checkbox"/> botanical insecticides | |
| <input type="checkbox"/> other _____ | | | |

Are records of materials used for pest control on file?

☐ Yes ☐ No

Do you plant non-production areas or intercrop grasses, wildflowers, and legumes to establish a supplemental food source and habitat as a natural insectory for beneficial insects?

☐ Yes ☐ No

DISEASE PEST MANAGEMENT

Check all disease management methods you plan to use in your annual farm pest management program:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> resistant varieties | <input type="checkbox"/> crop rotation | <input type="checkbox"/> intercropping | <input type="checkbox"/> cultural controls |
| <input type="checkbox"/> herbal preparations | <input type="checkbox"/> allowed fungicides | <input type="checkbox"/> fungicides which are allowed with restrictions | |
| <input type="checkbox"/> other _____ | | | |

Are records of materials used for disease control on file?

☐ Yes ☐ No

Decisions to apply fungicides listed as allowed or allowed with restrictions, are based on:

- | | | |
|--|--|---|
| <input type="checkbox"/> historical disease occurrence | <input type="checkbox"/> crop susceptibility | <input type="checkbox"/> spray scheduling |
| <input type="checkbox"/> presence of disease symptoms | <input type="checkbox"/> evident crop loss | <input type="checkbox"/> other _____ |

WEED PEST MANAGEMENT

Check all weed management methods you plan to use in your annual farm management program and three-year crop rotation plan:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> mulches/compost | <input type="checkbox"/> cover crops | <input type="checkbox"/> crop rotation | <input type="checkbox"/> smother crops |
| <input type="checkbox"/> undersown crops | <input type="checkbox"/> intercropping | <input type="checkbox"/> mowing/grazing | <input type="checkbox"/> mechanical/hand tillage |
| <input type="checkbox"/> cultural practices | <input type="checkbox"/> plastic/paper mulches | <input type="checkbox"/> weed oils/soaps | <input type="checkbox"/> solarization |
| <input type="checkbox"/> other _____ | | | |

Are records of materials used for weed management on file?

☐ Yes ☐ No

Check weed control methods used in non-production areas: (i.e., field borders, roads, ditches embankments, and fence lines)

- | | | | | |
|---------------------------------------|---|---|--|-------------------------------|
| <input type="checkbox"/> cultivation | <input type="checkbox"/> mowing/grazing | <input type="checkbox"/> permanent grasses or cover crops | <input type="checkbox"/> weed oils/soaps | <input type="checkbox"/> none |
| <input type="checkbox"/> solarization | <input type="checkbox"/> other _____ | | | |

HARVEST AND HANDLING

Check appropriate harvest and handling methods:

- | | | | |
|-----------------|--|---|--|
| <u>Harvest:</u> | <input type="checkbox"/> hand harvested | <input type="checkbox"/> mechanically harvested | <input type="checkbox"/> other _____ |
| <u>Packing:</u> | <input type="checkbox"/> hand packed | <input type="checkbox"/> mechanical grading, sizing, packing | |
| <u>Storage:</u> | <input type="checkbox"/> field storage (temporary) | <input type="checkbox"/> dry storage (bins, silos, storage rooms) | <input type="checkbox"/> aerated storage |

☐ icing ☐ cold storage ☐ other _____

Check appropriate methods used for pest control in storage areas:

☐ sanitation ☐ diatomaceous earth ☐ Bacillus thuringiensis (Bt) ☐ biological controls
☐ carbon dioxide injection ☐ allowed botanical insecticides, fungicides, bactericides
☐ other _____

Are harvest records on file? ☐ Yes ☐ No

Do you produce conventional (i.e., non-organic) crops? ☐ Yes ☐ No

If yes, do you produce conventional crops: (check all appropriate boxes)

☐ identical or similar to organic crops

_____ in separate fields _____ in the same field _____ on different farms

☐ of different species than the organic crops

_____ in separate fields _____ in the same field _____ on different farms

If on different farm: Is the farm located outside of the state of Nevada? ☐ Yes, the state of _____ ☐ No

Are separate records of harvest, packing and sales maintained
for organic and conventional crop production? ☐ Yes ☐ No

Are separate harvest, handling and storage facilities used for conventional crops? ☐ Yes ☐ No

EQUIPMENT

Check appropriate equipment used for cultivation, planting, harvesting and transportation

☐ cultivation or planting equipment (tractor towed or powered, i.e., plows, chisels, harrows, mowers-shredders)
☐ cultivation and/or planting equipment (self-powered, i.e., rotor tillers, hedgers, mowers-shredders)
☐ cultivation and/or planting equipment (manual, i.e., hoes, sickles, planters)
☐ harvesting equipment (powered, i.e., combines, strippers-pickers, diggers, brushers)
☐ hand harvesting equipment (harvesting aids, i.e., clippers, shears, shovels, sickles)
☐ packing, grading, sizing equipment
☐ transportation (trucks, movable bins, modules, trailers)

Is all equipment cleaned and/or managed to prevent contamination of
organic fields and crops as defined under NDA organic standards? ☐ Yes ☐ No

Pesticide application equipment ☐ backpack or portable sprayer ☐ tractor-powered ☐ self-powered
☐ hand held sprayer or duster

Are any prohibited materials applied with this equipment? ☐ Yes ☐ No

Is all application equipment cleaned and/or managed to prevent contamination
of organic fields and crops as defined under NDA organic standards? ☐ Yes ☐ No

Do you share or rent equipment? ☐ Yes ☐ No

Soil amendment/fertilizer application methods:

☐ spreader (tractor-powered) ☐ spreader (self-powered) ☐ spreader (hand, backpack)
☐ Other _____

Are any prohibited materials applied with this equipment? ☐ Yes ☐ No

Is all application equipment cleaned and/or managed to prevent contamination

of organic fields and crops ?

☐ Yes

☐ No

ISSUANCE OF CERTIFICATION REQUIRES AT LEAST ONE ON-SITE INSPECTION TO VERIFY COMPLIANCE WITH NEVADA ORGANIC STANDARDS.

An appointment will be scheduled following review of this application.

AFFIDAVIT

Applications returned without a signed and notarized affidavit will be returned.

I, hereby affirm that:

- All verification documents required by the Nevada Organic Certification Law, NRS 587 and NAC 587 and submitted to the Nevada Department of Agriculture in support of my application for certification or re-certification contain and will contain only true, accurate and complete information about my operation.
- All oral statements and written records made available to NDA in connection with inspections of my operation are and will be true, accurate and complete.
- All goods produced and/or marketed under a NDA Certified Organic certificate and logs will be produced, processed, handled and sold in accordance with the standards set out in Chapter 587 of the Nevada Revised Statutes and 587 of the Nevada Administrative Code.
- I have read and agree to be bound by all provisions of NRS 587 and NAC 587 applicable to production, processing and sales of organic food, feed or fiber produced on land for which I herein apply for certification.

- I certify that I am the person responsible for the production, processing and sales of organic food, feed or fiber on the land for which I herein apply for certification.

Name of Applicant (please print or type)

Signature of Applicant
Individual owner, Partner or Corporate Officer

Date

Business which are required to be certified and are found to be operating with an expired certification or without certification with the Department may be subject to administrative penalties of up to \$3000.00 for each violation. Each day a violation continues may be considered a separate violation for penalty assessment.

NOTARY

State of _____)
)
County of _____) SS

On this _____ day of _____, 19_____, personally appeared before me,
a Notary Public in and for said County of said State, _____
_____, known to me to be the person(s) described in and who executed the
foregoing instrument and duly acknowledged to me that _____ executed the same freely and voluntarily and for all the
uses and purposes described therein. IN WITNESS WHEREOF I have thereunto set my hand and affixed my Official
Seal that day and year in this certificate first above written.

Notary Public